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1c498 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Title of Invention	Methods for Preventing or Pathoangiogenic Conditions
	Named Inventor(s)	Carl G. Hellerqvist
	Attorney Docket	22100-0100 (46126-2526)
	Express Mail Label No.	EL561454091US

02-02-2001  
U.S. Patent & TMO/TM Mail Rcpt Dt. #56

APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
<b>1.</b> <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	<b>7.</b> <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
<b>2.</b> <input checked="" type="checkbox"/> Applicant claims Small Entity status	<b>a.</b> <input checked="" type="checkbox"/> Computer Readable Copy
<b>3.</b> <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 39	<b>b.</b> <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)
<b>4.</b> <input checked="" type="checkbox"/> Drawings Total Sheets 2	<b>c.</b> <input checked="" type="checkbox"/> Statement verifying identity of above copies
<b>5.</b> Oath or Declaration Total Pages 1	<b>8.</b> <input checked="" type="checkbox"/> Assignment:
<b>a.</b> <input checked="" type="checkbox"/> Newly executed (original or copy)	<b>a.</b> <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
<b>b.</b> <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)	<b>b.</b> <input type="checkbox"/> Assignment is of record in parent application No. _____
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	<b>9.</b> <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)
<b>(i)</b> <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	<input type="checkbox"/> Power of Attorney by assignee
<b>6.</b> <input type="checkbox"/> Microfiche Computer Program (Appendix)	<b>10.</b> <input type="checkbox"/> English Translation Document (if applicable)
	<b>11.</b> <input type="checkbox"/> Information Disclosure Statement (IDS) PTO- 1449
	<input type="checkbox"/> Copies of IDS Citations
	<b>12.</b> <input type="checkbox"/> Preliminary Amendment
	<b>13.</b> <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	<b>14.</b> <input type="checkbox"/> Certified Copy of Priority Document(s)
	<b>15.</b> <input type="checkbox"/> Other: _____
<b>16.</b> If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Recite complete dependency back to first parent application: _____	
<b>17.</b> CORRESPONDENCE ADDRESS:  Suzanne Seavello Shope KILPATRICK STOCKTON LLP 2400 Monarch Tower 3424 Peachtree Road, N.E. Atlanta, Georgia 30326  By: <u>Suzanne Seavello Shope</u> Reg. No. 37,933 Date: February 2, 2001 Telephone: 404-949-3999 Facsimile: 404-949-2499	

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**FEE TRANSMITTAL**Attorney Docket No. **100-0100 (46126-252687)**

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Carl G. Hellerqvist**Filing Date: **February 2, 2001**Title: **Methods for Preventing or Attenuating Pathoangiogenic Conditions**

The filing fee is calculated as shown below:

**1. FILING FEE:**

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	355	\$710	
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320	
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490	
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150	
SUBTOTAL (1)		\$355		\$xxx

**2. CLAIMS:**

SMALL ENTITY				LARGE ENTITY		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	71 - 20 =	51	x 9 =	459	x 18 =	
INDEP. CLAIMS	7 - 3 =	4	x 40 =	160	x 80 =	
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =	135	+270 =	
SUBTOTAL (2)				\$754		\$xxx

**3. ADDITIONAL FEES:**

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$xxx		\$xxx

**TOTAL FILING FEES: \$1109.00**A check is enclosed for the total amount: **\$1109.00**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

KILPATRICK STOCKTON LLP

2400 Monarch Tower

3424 Peachtree Road, N.E.

Atlanta, Georgia 30326

Telephone: 404-949-3999

By: Suzanne Seavell Shope  
Suzanne Seavell Shope, Attorney for Applicant  
Reg. No. 37,933Date: 2/2/01